Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Canadian Institutes of Health Research

2013-14

Report on Plans and Priorities

LEONA AGLUKKAQ
MINISTER OF HEALTH

Canada

Table of Contents

Minister's Message 1
Section I: Organizational Overview 3
Raison d'être 3
Responsibilities 3
Strategic Outcome(s) and Program Alignment Architecture (PAA) 4
Organizational Priorities 5
Risk Analysis: 9
Planning Summary 11
Expenditure Profile 13
Estimates by Vote 14
Section II: Analysis of Programs by Strategic Outcome 15
Strategic Outcome 15
Program1.1: Health Knowledge 16
Planning Highlights 17
Program1.2: Health Researchers 17
Planning Highlights 18
Program 1.3: Health Research Commercialization 19
Planning Highlights 21
Program 1.4: Health and Health Services Advances 21
Planning Highlights 23
Program 1.5: Internal Services 25
Planning Highlights 26
Section III: Supplementary Information 27
Financial Highlights 27
Future-Oriented Financial Statements 28
List of Supplementary Information Tables 28
Tax Expenditures and Evaluations Report 28
Section IV: Other Items of Interest 29
Organizational Contact Information 29
Additional Information 29
Endnotes 30

Minister's Message

I am honoured to present the Canadian Institutes of Health Research (CIHR) Report on Plans and Priorities for the fiscal year 2013-2014.

In 2010, CIHR released Health Research Roadmap, a five-year strategic plan for helping CIHR invest in world-class research, focus on health and health-systems priorities, and translate research findings into health and economic benefits. Since the launch, CIHR has made great progress towards completing the objectives laid out in Roadmap. Throughout the upcoming year, CIHR will continue to implement its strategic plan.

One of the most promising developments under Roadmap has been the Strategy for Patient-Oriented Research (SPOR). As announced by the federal government in 2011, SPOR will facilitate partnerships between the Government of Canada, provincial and territorial governments, health charities, philanthropic organizations and the private sector to improve patient outcomes. For example, CIHR and the Graham Boeckh Foundation recently announced the first SPOR network: the Patient-Oriented Network in Adolescent and Youth Mental Health. By supporting research that is directly relevant to outcomes and by working more directly with patients SPOR will help integrate research evidence at all levels of the health care system.

CIHR has also taken action to ensure the long-term sustainability of its investigator-driven strategy. In December 2012, CIHR released a document that describes the high-level design and implementation plan for its new Open Suite of Programs and peer review processes. CIHR's strategy is to reduce program complexity, accommodate the diverse proposals CIHR receives, and continue to improve the quality, fairness and transparency of peer review. CIHR has worked closely with its community to develop the design, and is now working with its community to refine implementation details and approaches for the transition period. The modernization of CIHR's existing frameworks and systems will position Canadian health researchers for success and accelerate the advancement of knowledge and improvements to the health care system and health outcomes.

In the coming year, we will continue to be Canada's main driver of health research excellence. I commend CIHR for its ongoing efforts to improve the health of all Canadians.

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health

Section I: Organizational Overview

Raison d'être

CIHR is the Government of Canada's health research funding agency. It was created with a mandate "to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system".

Responsibilities

CIHR was designed to respond to the evolving needs for health research and seeks to transform health research in Canada by:

- funding both investigator-initiated research as well as research on targeted priority areas;
- building research capacity in under-developed areas and training the next generation of health researchers; and
- focusing on knowledge translation that facilitates the application of the results of research and their transformation into new policies, practices, procedures, products and services.

CIHR Institutes: 2013-2014

Scientific Directors:

Aboriginal Peoples' Health: Dr. Malcolm King

Aging: Dr. Yves Joanette

Cancer Research: Dr. Morag Park

Circulatory and Respiratory Health: Dr. Jean L. Rouleau

Gender and Health: Dr. Joy Johnson

Genetics: Dr. Paul Lasko

Health Services and Policy Research: Dr. Robyn Tamblyn

Human Development, Child and Youth Health: Dr. Shoo K. Lee

Infection and Immunity: Dr. Marc Ouellette

Musculoskeletal Health and Arthritis: Dr. Phillip Gardiner

Neurosciences, Mental Health and Addiction: Dr. Anthony Phillips

Nutrition, Metabolism and Diabetes: Dr. Philip M. Sherman

Population and Public Health: Dr. Nancy Edwards

CIHR integrates research through a unique interdisciplinary structure made up of 13 "virtual" institutes. These institutes are not "bricks-and-mortar" buildings but communities of experts. Each Institute supports a broad spectrum of research in its topic area: biomedical; clinical; health systems and services; and the social, cultural and environmental factors that affect the health of populations. Institutes form national research networks linking researchers, funders and knowledge users across Canada to work on priority areas.

CIHR reports through the Minister of Health and plays a key role in the Health Portfolio. As Canada's health research funding agency, CIHR makes an essential contribution to the Minister of Health's overall responsibilities by funding the research and knowledge translation needed to inform the evolution of Canadian health policy and regulation; and, by taking an advisory role on research and innovation issues. This is achieved through an extensive and growing set of

linkages with Health Canada and the Public Health Agency of Canada, providing decision-makers with access to high quality and timely health research.

CIHR works closely with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC), the two Granting Councils of the Industry portfolio, to share information and co-ordinate efforts, harmonize practices, avoid duplication and foster multi-disciplinary research. The three organizations (referred to as "Tri-Agency") provide a channel for the implementation of common policies, practices and approaches, whenever possible.

CIHR's Governing Council (GC) sets the strategic direction of the agency and is responsible for evaluating its performance. Leadership on research, knowledge translation and funding for research is provided by the Science Council (SC), while leadership on corporate policy and management is provided by the Executive Management Committee (EMC).

Strategic Outcome(s) and Program Alignment Architecture (PAA)

CIHR's Program Alignment Architecture (PAA), approved by Treasury Board in May 2009, is shown in the figure below. The PAA consists of one Strategic Outcome and five Programs that support the Strategic Outcome. The performance information presented in Section II is organized according to this PAA structure.

CIHR Mandate **Excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system**				
Strategic Outcome 1.0 A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research				
Program 1.1: **Health Knowledge**	**Program 1.2:** **Health Researchers**	**Program 1.3:** **Health Research Commercialization**	**Program 1.4:** **Health and Health Services Advances**	**Program1 .5:** **Internal Services**
Sub-Program 1.1.1 Open Research Grant Program	Sub-Program 1.2.1 Salary Support Program	Sub-Program 1.3.1 Research Commercialization Program	Sub-Program 1.4.1 Institute Strategic Initiatives	
Sub-Program 1.1.2 RCT* Program	Sub-Program 1.2.2 Training Support Program	Sub-Program 1.3.2 NCE** Program	Sub-Program 1.4.2 Knowledge Translation Programs	

*RCT: Randomized Controlled Trials

**NCE: Networks of Centres of Excellence

Organizational Priorities

In 2009, CIHR's Governing Council (GC) approved CIHR's second Strategic Plan (2009-2014), The Health Research Roadmap: Creating innovative research for better health and health care. This Strategic Plan is the product of widespread consultations with members of the health research community, careful assessment of Canada's strengths and weaknesses, and on-going deliberation about what CIHR would like to achieve by 2014. Roadmap sets out a vision comprised of four strategic directions that are aligned with CIHR's corporate, business and operational priorities.

In 2010, CIHR implemented a rolling, three-year planning and reporting process for the implementation of Roadmap. The CIHR Three-Year Implementation Plan and Progress Report highlights the activities CIHR will undertake over the next three years to deliver on the strategic directions outlined in Roadmap. The report is updated annually in order to continuously assess progress made on achieving CIHR's strategic goals and priorities.

Priority	Type	Programs
Strategic Direction #1 **Invest in world-class research excellence**	On-going	1.1 Health Knowledge 1.2 Health Researchers
Description		
Why is this a priority? CIHR supports world-class research excellence to build the knowledge base and expertise necessary to improve both the Canadian health care system and the health of Canadians. By selecting, supporting, and sustaining research that meets the highest international standards of excellence, CIHR positions Canada's health researchers to achieve results and inspire a new generation of researchers. **Plans for meeting the priority** CIHR will continue investment in excellence by supporting the best ideas and brightest minds. CIHR will provide programming to attract and retain the best researchers, break professional and sectoral barriers in health research, promote development of transferable skills and prepare young researchers for various labour markets. CIHR will proceed with the implementation of its reforms of the Open Suite of Programs and peer review processes. These reforms will help to ensure a sustainable foundation of health		

researchers; capture the very best ideas, and reduce applicant and peer reviewer burden. The transition will be a multi-year process starting with the testing and piloting of new systems and processes, and the launch of the College of Reviewers, in 2013.

Priority	Type	Program
Strategic Direction #2 **Address health and health system research priorities**	On-going	1.4 Health and Health Services Advances

Description

Why is this a priority?

Through strategic investments, CIHR supports targeted research to address challenges facing Canadians and the health care system.

Plans for meeting the priority

Canada must carefully select its investments to both capitalize on its areas of strength, and address gaps in key research areas and communities. CIHR and its Institutes will continue to develop and implement high-impact Signature Initiatives that address existing and emerging health and health system priorities.

First among CIHR's Signature Initiatives is the Strategy for Patient-Oriented Research (SPOR). CIHR will proceed with the implementation of two core elements of the strategy, SPOR Networks and Support for People and Patient-Oriented Research and Trials (SUPPORT) Units. CIHR will engage partners, stakeholders and patients to ensure that SPOR initiatives are designed for impact.

Priority	Type	Programs
Strategic Direction #3 **Accelerate the capture of health and economic benefits of health research**	On-going	1.3 Health Research Commercialization 1.4 Health and Health Services Advances
Description		

Why is this a priority?

Canadians reap the socio-economic benefits of health research when breakthroughs in health knowledge are applied to the development of health policies, practices, procedures, products, and services. Research evidence must be accessible and relevant in order to inform practice or policy.

Plans for meeting the priority

CIHR will facilitate collaborations between knowledge users, industry, health care professionals, policy makers and the research community to translate health research into health policies, practices, procedures, products and services that will benefit the health of Canadians.

CIHR will promote the dissemination and application of new knowledge to ensure that research is used to improve health outcomes of Canadians, strengthen our health care system and create opportunities for commercialization and other economic benefits for Canada. CIHR will continue to work with its stakeholders in preparation for a commercialization strategy and will collaborate with Rx&D on the implementation of the joint Memorandum of Understanding signed in 2011.

Priority	Type	Strategic Outcome(s) and/or Program(s)
Strategic Direction #4 **Achieve organizational excellence, foster ethics and demonstrate impact**	On-going	1.5 Internal Services
Description		
Why is this a priority? CIHR is committed to demonstrating its accountability and to providing the very best services to its clients and stakeholders. CIHR strives continually to strengthen its operations and programming while fostering a dedicated and capable workforce. **Plans for meeting the priority** CIHR will ensure that its multi-year investment strategy is supported by sound financial and risk management practices, including clear accountabilities, timely financial and performance reporting and sufficient operating resources. CIHR is committed to taking a measured approach to phasing-in its new Open Suite of Programs and peer review processes. Time has been set aside to analyse the outcomes of pilot studies, and to engage in comprehensive user testing. Lessons learned from these pilots and tests will be used to optimize the design; improve the quality, efficiency and effectiveness of CIHR's program delivery systems; and, reduce complexity for stakeholders. CIHR is committed to appropriately engaging with partners, stakeholders and patients to ensure that the implementation of SPOR and CIHR's other Signature Initiatives are designed to achieve positive impact in health and health system priorities. CIHR will ensure that the design of its strategic programs is evidence-informed and based on established best practice.		

Risk Analysis:

CIHR's Risk Management Framework establishes how the agency identifies assesses and mitigates risk. The framework also provides a governance model that promotes the accountability for risk management as well as defining the on-going review and updating process for existing and potential risks to the organization.

The key risks identified in the current Corporate Risk Profile (CRP) include:

Reform of the Open Suite of Programs

There is a risk that CIHR's reforms to the Open Suite of Programs including changes to the peer review process, will not be understood, or supported by external stakeholders.

To mitigate this risk, CIHR implemented a governance structure for the implementation of the reforms, developed an integrated plan, and conducted a number of forums across the country with key stakeholders to get their input and feedback on the proposed changes. This work will be beneficial when the transition plan, which will pilot and phase in components of the changes, is implemented.

Knowledge Translation

Given CIHR's lack of direct control over all the factors that influence the uptake and use of research, there is a risk that CIHR may not be able to fully achieve the knowledge translation (KT) component of its mandate and improve the health of Canadians through health research.

To mitigate this risk, CIHR has integrated KT strategies into all of CIHR's Institutes and programs including Signature Initiatives. For example, SPOR is designed to ensure that its Networks and SUPPORT units are guided by the research needs of policy makers, health practitioners and patients.

Results Management

There is a risk that CIHR will be unable to adequately and efficiently evaluate and report on its performance, and make the necessary changes to ensure impact.

To mitigate this risk, CIHR will strengthen its performance measurement frameworks and activities at all levels (programs, initiatives, and operations). This will improve CIHR's ability to track and monitor performance outcomes related to research and operational activities. Currently underway are IT systems revisions to ensure appropriate data architecture is in place to support information and reporting plans, and the development and implementation of data quality and monitoring standards.

Institute Organizational Model

There is a risk of disruptions and corporate memory loss during transitions of Scientific Directors that may reduce an Institute's ability to achieve planned outcomes or its mandate in support of CIHR's strategic objectives.

To mitigate this risk, management has implemented an Institute Transition Plan and Renewal Schedule. In addition, an on-going process has been established to assess the performance of Institute Scientific Directors. These mitigation strategies have been successful in managing this risk.

Planning Summary

Financial Resources (Planned Spending — $ millions)

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013–14[1]	Planned Spending 2014–15	Planned Spending 2015–16
967.7	981.3	968.8	965.5

Human Resources (Full-Time Equivalents—FTE)

2013–14	2014–15	2015–16
390	390	390

Planning Summary Table ($ millions)

Strategic Outcome	Program	Actual Spending 2010–11	Actual Spending 2011–12	Forecast Spending 2012–13[2]	Planned Spending			Alignment to Government of Canada Outcomes[i]
					2013–14	2014–15	2015–16	
A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research	Health Knowledge	468.5	470.5	465.6	473.3	473.2	478.9	Healthy Canadians
	Health Researchers	195.7	182.8	188.8	172.9	171.2	167.7	Healthy Canadians
	Health Research Commercialization	53.1	56.0	60.5	53.6	45.4	45.8	Healthy Canadians
	Health and Health Services Advances	275.4	268.0	263.3	253.8	252.6	246.7	Healthy Canadians
Sub –Total		992.7	977.3	978.2	953.6	942.4	939.1	

1 Planned spending in 2013-14 differs from the amount presented in the Main Estimates due to 1) Treasury Board submissions approved prior to February 1st 2013 for which funding is expected to be received through 2013-14 Supplementary Estimates; 2) the forecasted 2012-13 operating budget carry-forward; and 3) the forecasted eligible pay list expenditures reimbursements.

2 Forecasted spending for 2012-13 includes the funding expected to be received through Supplementary Estimates C and the forecasted eligible pay list expenditures to year-end. It does not include the forecasted 2012-13 operating budget carry-forward.

Planning Summary Table for Internal Services ($ millions)

Program	Actual Spending 2010–11	Actual Spending 2011–12	Forecast Spending 2012–13[3]	Planned Spending		
				2013–14	2014–15	2015–16
Internal Services	34.2	31.8	27.9	27.8	26.4	26.4
Sub –Total	34.2	31.8	27.9	27.8	26.4	26.4

Planning Summary Total ($ millions)

Strategic Outcome Program(s), and Internal Services	Actual Spending 2010–11	Actual Spending 2011–12	Forecast Spending 2012–13[4]	Planned Spending		
				2013–14	2014–15	2015–16
Total	1,026.9	1,009.1	1,006.1	981.4	968.8	965.5

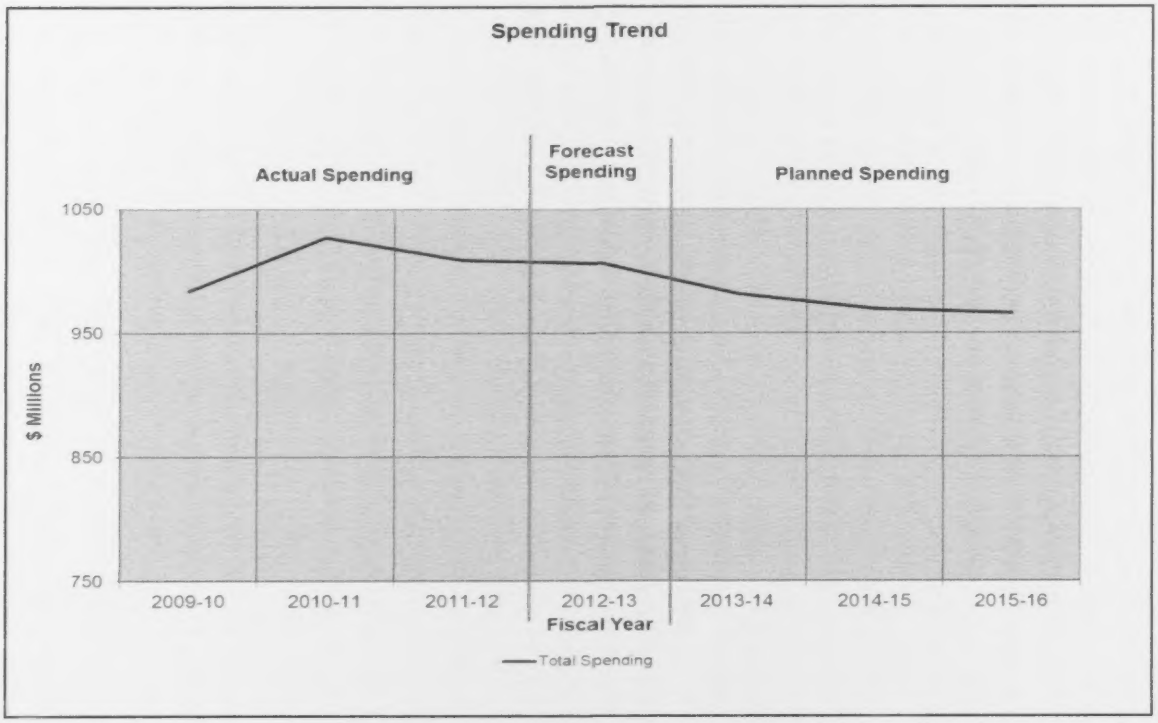
CIHR's planned spending totals $1,006.1 million in 2012-13. Planned spending then decreases to $981.4 million in 2013-14, and decreases annually down to $965.5 million by 2015-16. This decrease is mostly attributable to the funding allocated to the Tri-Agency programs between the three granting agencies, which is allocated after each competition. CIHR's 2013-14 planned spending include the results from the latest Centres of Excellence for Commercialization and Research (CECR) competition of $11.1 million, the last year of funding for this competition. It is expected that CIHR will be allocated funding from the upcoming Tri-agency programs competitions.

[3] Forecasted spending for 2012-13 includes the funding expected to be received through Supplementary Estimates C and the forecasted eligible pay list expenditures to year-end. It does not include the forecasted 2012-13 operating budget carry-forward.

[4] Forecasted spending for 2012-13 includes the funding expected to be received through Supplementary Estimates C and the forecasted eligible pay list expenditures to year-end. It does not include the forecasted 2012-13 operating budget carry-forward.

Expenditure Profile

Departmental Spending Trend



CIHR's actual spending increased from $983.8 million in 2009-10 to reach $1,026.9 million in 2010-11, and is forecasted to return to $1,006.1 million in 2012-13. In the absence of new funding, total planned spending will decrease annually in 2013-14, 2014-15 and 2015-16.

The variations in departmental spending from $983.8 million 2009-10 to $1,009.1 million in 2011-12 are mainly due to several permanent increases to CIHR's base budget announced in Federal Budgets over this period, coupled with incremental funding for targeted programs such as the Canada Excellence Research Chairs, the Drug Safety and Effectiveness Network (DSEN), the Vanier Graduate Scholarships and the Banting Postdoctoral Fellowships. However, these increases have been offset by the full implementation, in 2011-12, of the results of the 2008 Strategic Review as well as the wind-up of temporary funding to expand the Canada Graduate Scholarships program announced in the 2009 Federal Budget.

In 2012-13, while the Federal Budget provided a permanent $15 million base budget increase to CIHR in support of its Strategy for Patient-Oriented Research, savings identified as part of the

Budget 2012 Spending Review caused CIHR's reference levels to decrease by $15 million in 2012–13 and $30 million in 2013–14 and thereafter. The savings measures implemented include reductions to CIHR's Tri-Agency Programs, the wind-up of the Regenerative Medicine and Nanomedicine initiative, and streamlining of CIHR's operations.

The Spending Review explains $15 million of the $24.7 million decrease from 2012-13 to 2013-14, with the balance of the reductions due to variations in annual funding for two of CIHR's Tri-Agency Programs, the Business-Led Networks of Centres of Excellence and the Centres of Excellence for Commercialization and Research (CECR). CIHR's share of these Tri-Agency programs' funding is not fixed but rather is determined by the results of program competitions. Therefore, the decrease in planned spending in future fiscal years is attributable to the reallocation of Tri-Agency programs' funding between the three granting agencies.

Estimates by Vote

For information on our organizational appropriations, please see the *2013–14 Main Estimates* publication.

Section II: Analysis of Programs by Strategic Outcome

Strategic Outcome

A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research.

CIHR supports health research in order to improve the health of Canadians and to deliver more effective health care services to Canadians. Supporting health research that leads to this outcome may be through: creating health knowledge which leads to the development of new and better ways to prevent, diagnose and treat disease; ensuring Canada has top quality health researchers who can conduct innovative, as well as responsive, health research; commercializing health research discoveries; or advancing the introduction of effective health policies, practices, procedures, products and services.

Strategic Outcome: ***A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research***	
Performance Indicators	**Targets**
Canadian ranking in health research intensity compared to international levels.	Maintain or increase international ranking.
Canadian number and share of world health research papers.	Maintain or increase share.
Number of citations of Canadian health research papers compared to international levels.	Maintain or increase international ranking.
Researchers per thousand workforce compared to international levels.	Maintain or increase international ranking.
Changes in health practices, programs or policies informed by CIHR-funded research.	Evidence that the work of CIHR funded researchers resulted in long-term impacts.
Diversity of research supported (by theme and Institute).	Maintain diversity of funding and increase funding in priority areas.

Program1.1: Health Knowledge

Program Descriptions

As of June 2009, CIHR's Randomized Controlled Trials Program has been integrated into the Open Research Grant Program (ORG Program). The ORG Program provides operating funds to support research proposals in all areas of health research, including randomized controlled trials research. The ORG Program aims to support the creation of new knowledge across all areas of health research, and to improve health and the health system. This is achieved by managing CIHR's open competition and related peer review processes based on internationally accepted standards of scientific excellence.

Financial Resources ($ millions)

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
473.0	473.3	473.2	478.9
The small increase of $5.6 million between 2013-14 and 2015-16 reflects the rising costs of research.			

Human Resources (Full-Time Equivalent—FTE)

2013–14	2014–15	2015–16
104	104	104

Program Expected Results	Performance Indicators	Targets
Health research advances knowledge.	A. Outputs and impacts of CIHR- funded research.	i. Maintain or increase the number of publications from CIHR-supported research
		ii. Maintain or increase Knowledge Translation activities of CIHR-funded researchers
		ii. Maintain or increase CIHR expenditures in funding programs*

*This target, originally reported as maintain or increase CIHR total number and average dollar value of grants funded, was changed to ensure consistency and ease in interpreting results.

Planning Highlights

In 2013-14, CIHR intends to launch two competitions for the Open Research Grants Program with application deadlines in September and March which will result in approximately 800 new multi-year grants for the best research ideas. Approximately 4,000 on-going multi-year grants are supported during the year.

CIHR is committed to implementing its design for a high-quality, flexible and sustainable program capable of identifying and supporting excellence in investigator-driven research and knowledge translation in all areas of health. This commitment was conveyed to the research community with the release of the December 2012 document, *Designing for the Future: The New Open Suite of Programs and Peer Review Process.*

Transitioning to these new program processes and systems will be a multi-year undertaking. Starting with pilots of key design elements in 2013, changes to CIHR's current Open Suite of Programs and peer review processes will be implemented over a number of years until CIHR has fully integrated the research community into its new Open Funding Programs. CIHR is also committed to ensuring that adequate support is available to applicants, peer reviewers, and academic institutions throughout the transition period. This support begins immediately with the establishment of a College of Reviewers, which has an anticipated launch date of spring 2013.

Program1.2: Health Researchers

Program Descriptions

This program aims to build health research capacity to improve health and the health care system by supporting the training and careers of the best health researchers selected through a competitive peer review process based on internationally accepted standards of scientific excellence.

Financial Resources ($ millions)

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
173.3	172.9	171.2	167.7
The net decrease of $5.2 million between 2013-14 and 2015-16 is mainly due to the full implementation of the 2008 Strategic Review including the last year of reductions to the Teams and Groups program.			

Human Resources (Full-Time Equivalent—FTE)

2013–14	2014–15	2015–16
14	14	14

Program Expected Results	Performance Indicators	Targets
A strong and talented health research community with the capacity to undertake health research.	A. Number of graduate trainees in Canada compared to international levels*.	i. Maintain or increase international ranking.
	B. Number and fields of investigators and trainees funded.	ii. Maintain number and diversity (by theme and Institute domain) of trainees funded.

*This performance indicator, originally reported as *Number, share and types of graduate trainees in Canada compared to international levels*, was changed due to the unavailability of data on the share and types of graduate trainees.

Planning Highlights

CIHR offers Training Support and Salary Support Programs. The Training Support Program provides support and special recognition to master, doctorate, post-doctorate or post-health professional degree students who are training in health research areas in Canada or abroad. The Salary Support Program provides support to help new health researchers develop their careers and devote more time to initiating and conducting health research. There is intense competition globally for talent and CIHR's programs are designed to attract and keep the brightest minds in Canada throughout their research careers.

Canada is building world-class research capacity by recruiting top-tier talent through a suite of programs that provide support to highly qualified research personnel at all stages of their careers. Canada's three federal granting agencies – the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC) – administer the following five programs:

- The Canada Graduate Scholarship Program (CGS) provides financial support to outstanding eligible students pursuing master's or doctoral studies in a Canadian university.
- The Vanier CGS Program supports world-class doctoral students who demonstrate a high standard of scholarly achievement in graduate studies as well as leadership skills.
- The Banting Post-Doctoral Fellowship Program attracts and retains top-tier postdoctoral talent, both nationally and internationally, to develop their leadership potential and to position them for success as research leaders of tomorrow, positively contributing to Canada's economic, social and research-based growth through a research-intensive career.
- The Canada Research Chairs Program (CRC) provides support to new and established investigators for five- and seven-year terms.
- The Canada Excellence Research Chairs Program (CERC) a highly prestigious program is intended to attract world-class researchers to Canadian universities to work in priority research areas and conduct world-leading research.

Program 1.3: Health Research Commercialization

Program Descriptions

This program supports and facilitates the commercialization of health research to improve health and the health care system. This is achieved by managing funding competitions to provide grants, in partnership with the private sector (where relevant); and by building and strengthening the capacity of Canadian health researchers to engage in the research and development (R&D) and commercialization process.

Financial Resources ($ millions)

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
43.8	53.6	45.4	45.8

The decrease of $7.8 million between 2013-14 and 2015-16 is due to the funding allocated to the Tri-Agency programs, such as the Centres of Excellence for Commercialization and Research and the Business-Led Networks of Centres of Excellence, which is allocated after each competition. It is expected that CIHR will be allocated funding from the upcoming Tri-agency programs competitions.

Human Resources (FTE)

2013–14	2014–15	2015–16
6	6	6

Program Expected Results	Performance Indicators	Targets
Commercial activity – products (patents and intellectual property), companies and employment generated.	A. Health research is commercialized more effectively.	i. Maintain or increase CIHR expenditures in funding programs*
		ii. Evidence of commercialization outcomes, such as: patents, licenses, copyrights, centres; new products or processes; policies influenced or created; and/or influence on health delivery**
	B. Strong linkages and partnerships created between universities, governments, industry, and other users.	iii. Maintain or increase dollar amount of CIHR partner investments
		iv. Evidence of successful linkages and partnerships created as a result of the NCE Program

* This target, originally reported as *maintain or increase CIHR total number and average dollar value of grants funded,* was changed to ensure consistency and ease in interpreting results.

** This target, originally reported as *maintain or increase number of patents, licenses, copyrights, centres; new products or processes; policies influenced or created; influence on health delivery,* was changed due to the unavailability of consistent reporting data.The original target will be reconsidered upon the full implementation of CIHR's end-of-grant reporting system.

Planning Highlights

The Health Research Commercialization programs are a suite of funding initiatives that aim to support the creation of new knowledge, practices, products and services and to facilitate the commercialization of this knowledge. This is done by funding R&D and commercialization projects (such as proof of principle and industry partnered projects) which encourage collaboration between academia and the private, public and/or not-for-profit sectors in the promotion and support of commercial transfer of knowledge and technology resulting from health research.

The Networks of Centres of Excellence Programs (NCE) are delivered in collaboration with the other two granting councils (SSHRC and NSERC), through the NCE Secretariat. They support the partnering of centres of research excellence with industry capacity and resources, and with strategic investment to turn Canadian research and entrepreneurial talent into economic and social benefits for Canada. The NCE programs are national in scope, multi-disciplinary and involve multi-sectoral partnerships between academia, industry, government and the not-for-profit sector (non-governmental organizations). CIHR's share of NCE funding supports the best NCE applications in the area of health research.

Program 1.4: Health and Health Services Advances

Program Descriptions

Through this program, CIHR targets its investment in health research to address gaps in key research areas and communities or to capitalize on areas of Canadian strength. CIHR identifies priorities and provides directed support to respond to the health and health care system challenges that matter to Canadians.

Financial Resources ($ millions)

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
253.3	253.8	252.6	246.7
The decrease of $7.1 million between 2013-14 and 2015-16 is partly due to changes in funding agreements with other government departments for specific programs and initiative, which account for a net decrease of $3.6 million between 2013-14 and 2015-16. Due to various adjustments to program funding in this program, CIHR is planning transfer funding to its investigator-initiated research in Program 1.1.			

Human Resources (FTE)

2013–14	2014–15	2015–16
88	88	88

Program Expected Results	Performance Indicators	Targets
Translation and use of health research takes place as a result of effective funding programs.	A. Outputs and impacts of CIHR funded research.	i. Maintain or increase CIHR expenditures in funding programs*
		ii. Maintain or increase KT activities of CIHR-funded researchers
	B. Institute leadership within the research community.	iii. Evidence of Institutes identifying and responding to national and international health threats and opportunities

* This target, originally reported as *maintain or increase CIHR total number and average dollar value of grants funded,* was changed to ensure consistency and ease in interpreting results.

***Note**: The target Maintain or increase number of publications from CIHR-funded research for Performance Indicator A was removed due to the unavailability of consistent reporting data for this Program. The target will be reconsidered upon the full implementation of CIHR's end-of-grant reporting system.*

Planning Highlights

As part of the implementation of its Strategic Plan, in 2010-11, CIHR launched a process to attain greater focus and impact from its strategic investments, CIHR's *Signature Initiatives*. This process involved environmental scanning and evaluation to identify needs and opportunities where additional research could make a difference and produce measurable results.

First among CIHR's Signature Initiatives is the Strategy for Patient-Oriented Research (SPOR). CIHR will proceed with the implementation of the core elements of the strategy, SPOR Networks, Support for People and Patient-Oriented Research and Trials (SUPPORT) Units and Training Programs.

The first SPOR Network to be implemented will be the Patient-Oriented Network in Adolescent and Youth Mental Health launched in partnership with the Graham Boeckh Foundation. Through research and implementation and transformative intervention approaches, the network will catalyze fundamental change in youth and adolescent mental health care in Canada. The goal is that in five years new approaches will begin to substantively increase the number of youth and adolescents who are identified as in need of services and who subsequently will receive quality, timely and appropriate care. A second targeted Network related to Community-Based Primary Health Care is currently under development.

SUPPORT Units are specialized research service centres referred to as Support for People and Patient-Oriented Research and Trials (SUPPORT) Units. They are being created to provide the necessary and often highly specialized expertise to those engaged in patient-oriented research. These multidisciplinary centres include methodologists and other experts who are essential to the patient-oriented research enterprise such as clinical epidemiologists, biostatisticians, social scientists, health economists and clinical trialists, as well as research support staff.

CIHR is committed to providing support for centres across the country with each SUPPORT Unit developed in collaboration with the jurisdictional partners to ensure that the design is appropriate to the jurisdiction and capable of achieving the intended impact.

The national vision for the SUPPORT Units is to provide core jurisdictional facilities focused on establishing state-of-the-art core competencies in often highly specialized methodological areas and offer collaboration to other researchers engaged in patient-oriented research. These Units will also lead and facilitate decision-making within the health services setting and catchment area, and foster the implementation of best practices

New SPOR training programs will be designed and prepared for launch following delivery of recommendations from an External Advisory Committee. This advisory committee will validate

the key design features that will drive excellence in the training of personnel to carry out patient-oriented research.

In addition to SPOR, CIHR and its Institutes will continue to develop and implement high-impact Signature Initiatives that address key health and health systems priorities, including:

- Canadian Epigenetics, Environment and Health Research Consortium: This initiative will position Canada for the rapid translation of epigenetic discoveries into diagnostic procedures and the eventual development of new therapeutics that can improve human health.

- Inflammation in Chronic Disease: This initiative aims to develop a unified Canadian strategy on inflammation research that will support the discovery and validation of common biomarkers, therapeutic targets, and inflammatory mechanisms among chronic diseases, with the ultimate goal to prevent and/or treat chronic disease by reducing inflammation and pain through novel interventions.

- Community-Based Primary Health Care: This initiative aims to transform health care for the next generation by supporting improved delivery of appropriate high-quality community-based primary health care to Canadians.

- Personalized Medicine: This initiative aims to support translational research for the effective prevention, diagnosis, and treatment of complex diseases with the ultimate goal of stratifying patients based on their susceptibility to a disease or their response to a specific treatment; and to promote health services research to effectively integrate such innovations into policy and practice for the benefit of Canadians.

- Pathways to Health Equity for Aboriginal Peoples: This initiative aims to develop a better understanding of how to implement and scale up interventions and programs that will address Aboriginal health inequities in four priority exemplar areas – Suicide, Obesity, Tuberculosis and Oral Health.

- International Collaborative Research Strategy for Alzheimer's Disease (ICRSAD): This initiative aims to understand the mechanisms and/or conditions responsible for the disease and prevent them from occurring; to delay the clinical manifestations of the already developing disease; and to help individuals, caregivers and the health system to cope with the clinically developed disease.

- Evidence Informed Healthcare Renewal: This initiative will generate robust, timely and high-quality evidence on how best to finance, fund, and sustain and govern Canada's health care system.

CIHR also guides other important Government of Canada investments in health research, with careful consideration to where Canada can capitalize on areas of strength and excellence, and

build research capacity in new fields of health research. These priorities are identified in consultation with stakeholders from government, health care, patient and community groups, researchers, and industry and include investments such as:

- research dedicated to finding an HIV vaccine, addressing complex co-morbid health conditions for people living with HIV/AIDS and other areas of HIV prevention, treatment and care; and
- research to increase knowledge of post-market drug safety and effectiveness to inform decisions and increased capacity in Canada to address priority research on post-market drug safety and effectiveness.

CIHR's Knowledge Translation support consists of both outreach and engagement activities to key stakeholders and core funding opportunities (such as Partnerships for Health System Improvement, Knowledge to Action, Knowledge syntheses, Meetings, Planning and Dissemination) that aim to support the synthesis, dissemination, exchange and ethically sound application of knowledge in any area of health research.

Program 1.5: Internal Services

Program Descriptions

Internal Services are groups of activities and resources that apply across the organization to support the needs of programs and to meet other corporate obligations of CIHR. These services include such functional areas as Finance, Human Resources, Information Technology and Administration Management Services, Strategic Policy, Internal Audit, Evaluation and Risk Management, Communications and Public Outreach, and Corporate Governance

Financial Resources ($ millions)

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16
24.3	27.8	26.4	26.4
The decrease of $1.4 million between 2013-14 and 2015-16 is due to CIHR's forecasted 2012-13 operating budget carry-forward into 2013-14 allocated to Internal Services. CIHR has not included any operating budget carry-forward in its planned spending beyond 2013-14.			

Human Resources (Full-Time Equivalent—FTE)

2013–14	2014–15	2015–16
178	178	178

Planning Highlights

Recently, CIHR's Governing Council (GC) re-affirmed the Institute model as CIHR's key driver for delivering on its strategic mandate. In reviewing the model, GC determined that no fundamental changes to the current Institute structure or slate are required at this time to meet CIHR's objectives. However, GC acknowledged that improvements to the functioning of the model are required to ensure the coherence, focus, and impact of CIHR's strategic investments. Furthermore, GC has initiated a transparent and inclusive process of reflection on the future of the Institute model to ensure that CIHR's structure and processes remain responsive and effective in achieving the strategic objectives and mandate of CIHR over the next decade.

In 2011-12, CIHR underwent its second international review by a prestigious blue ribbon panel. The panel presented its report to CIHR's Governing Council in June 2011. The Governing Council met in August 2011 to consider its response to the recommendations and to provide strategic direction to management on the development of a corresponding action plan. CIHR's Executive management has reviewed the panel's report which included 16 recommendations in five overarching areas and has developed an action plan. CIHR will continue to address the recommendations that the International Review Panel presented as part of its report.

CIHR is committed to executing a thoughtful implementation of its new Open Suite of Programs and peer review processes. As described in *Designing for the Future: The New Open Suite of Programs and Peer Review Process*, CIHR will conduct various pilot studies and tests for the new peer review process between early 2013 and mid-2016. Lessons learned from these pilot studies will help inform adjustments to the design, as well as impart a greater understanding of the complexities of peer review. Through these pilots, CIHR will improve the quality, efficiency and effectiveness of its programs and peer review delivery systems; and, contribute to best practices in peer review.

In 2012, CIHR rolled out the Research Reporting System (RRS), which is an end-of-grant reporting module collecting information from CIHR-funded researchers on the results of their grant(s). The initial launch of the RRS has focused solely on the CIHR's Open Research Grant Program but other funding programs will be added to the RRS process. The benefits include the collection of standardized information on the value and impact of funding, collection of data on numerous topics related to the funded project, and the availability of reported data to funding partners, the research community and the public. RRS will enable CIHR to more accurately report on its investments and outputs by area.

Section III: Supplementary Information

Financial Highlights

Future-Oriented Condensed Statement of Operations and Departmental Net Financial Position
For the Year (ended March 31)
($ thousands)

	Change	Planned Results 2013-14	Estimated Results 2012-13
Total expenses	(24,162)	999,947	1,024,109
Total revenues	-	15,991	15,991
Net cost of operations before government funding and transfers	(24,162)	**983,956**	**1,008,118**
Departmental net financial position	(831)	**(1,135)**	**(304)**

Future-Oriented Condensed Statement of Financial Position
For the Year (ended March 31)
($ thousands)

	Change	Planned Results 2013-14	Estimated Results 2012-13
Total net liabilities	(559)	12,439	12,998
Total net financial assets	(734)	9,314	10,048
Departmental net debt	175	3,125	2,950
Total non-financial assets	(656)	1,990	2,646
Departmental net financial position	(831)	**(1,135)**	**(304)**

Future-Oriented Financial Statements

For more information, details on CIHR's Future-Oriented Financial Statements[ii] can be found at: http://www.cihr-irsc.gc.ca/e/46250.html

List of Supplementary Information Tables

All electronic supplementary information tables listed in the 2013-14 Reports on Plans and Priorities can be found on CIHR website[iii] at: http://www.cihr-irsc.gc.ca/e/46303.html.

- Details on Transfer Payment Programs;
- Greening Government Operations;
- Sources of Respendable and Non-Respendable Revenue;
- Upcoming Internal Audits and Evaluations over the next three fiscal years; and

Tax Expenditures and Evaluations Report

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance publishes cost estimates and projections for these measures annually in the Tax Expenditures and Evaluations[iv] publication. The tax measures presented in the Tax Expenditures and Evaluations publication are the sole responsibility of the Minister of Finance.

Section IV: Other Items of Interest

Organizational Contact Information

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Financial Planning & Reporting	Sylvie Gareau Supervisor, Financial Reporting & Community Development 613-948-2022 sylvie.gareau@cihr-irsc.gc.ca

Additional Information

1. CIHR's Strategic Plan: Health Research Roadmap: Creating innovative research for better health and health care 2009/10 - 2013/14: http://www.cihr-irsc.gc.ca/e/40490.html
2. CIHR Three-Year Implementation Plan and Progress Report 2012-15: http://www.cihr-irsc.gc.ca/e/46093.html
3. Various CIHR Annual Reports: http://www.cihr-irsc.gc.ca/e/153.html
4. Knowledge Translation and Commercialization: http://www.cihr-irsc.gc.ca/e/29529.html
5. CIHR Institutes – More information, including Institute Strategic Plans and Annual Reports, is available through CIHR's web site: http://www.cihr-irsc.gc.ca/e/9466.html

Internet Addresses

Canadian Institutes of Health Research (CIHR) Home Page	http://www.cihr-irsc.gc.ca/e/193.html
Aboriginal Peoples' Health	http://www.cihr-irsc.gc.ca/e/8668.html
Aging	http://www.cihr-irsc.gc.ca/e/8671.html

Cancer Research	http://www.cihr-irsc.gc.ca/e/12506.html
Circulatory and Respiratory Health	http://www.cihr-irsc.gc.ca/e/8663.html
Gender and Health	http://www.cihr-irsc.gc.ca/e/8673.html
Genetics	http://www.cihr-irsc.gc.ca/e/13147.html
Health Services and Policy Research	http://www.cihr-irsc.gc.ca/e/13733.html
Human Development, Child and Youth Health	http://www.cihr-irsc.gc.ca/e/8688.html
Infection & Immunity	http://www.cihr-irsc.gc.ca/e/13533.html
Musculoskeletal Health and Arthritis	http://www.cihr-irsc.gc.ca/e/13217.html
Neurosciences, Mental Health and Addiction	http://www.cihr-irsc.gc.ca/e/8602.html
Nutrition, Metabolism and Diabetes	http://www.cihr-irsc.gc.ca/e/13521.html
Population and Public Health	http://www.cihr-irsc.gc.ca/e/13777.html

Endnotes

[i] Whole-of-Government Framework, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx

[ii] Future-Oriented Financial Statements, http://www.cihr-irsc.gc.ca/e/46250.html

[iii] List of Supplementary Information Tables, http://www.cihr-irsc.gc.ca/e/46303.html

[iv] The Tax Expenditures and Evaluations publication, http://www.fin.gc.ca/purl/taxexp-eng.asp